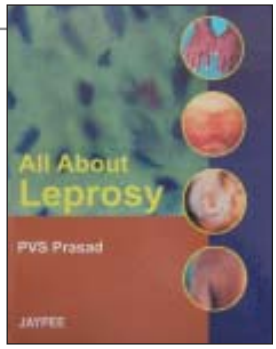
All about leprosy



P. V. S. Prasad
2005, Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, India.
Pages: 186, Price: Rs 595

For a disease such as leprosy, which is on the decline, a textbook-cum-atlas titled "All about leprosy" by Professor P. V. S. Prasad is very welcome. There is a need for an illustrated Indian book on leprosy and this book fills that gap. Dr. Prasad and the three contributors have not only been involved in leprosy work for several years, both as clinicians and as teachers, but have a grasp of the subject. The format of the book is quite appealing and is almost like classroom notes. The entire subject of leprosy, from the historical aspects to the control of the disease, has been covered and is amply illustrated. Some of the aspects, particularly the clinical features and differential diagnosis, are well covered. The book appears to have been written for students preparing for entrance and postgraduate examinations. More than 40 pages are devoted to questionnaires. Though under "further reading," a bibliography has been given, some more references should have been added.

In the book, a lot of emphasis has been given to the microbiology, pathology, classification, and immunology of leprosy at the cost of, say, systemic involvement, reaction management, etc. However, some statements in the book are not in tune with common understanding of leprosy. To cite a few instances, on p. 7, the MI in untreated patients is said to be approx 60–70%; in fact, morphological index (MI) over 10% is very seldomly seen. On p. 42, the statement "incidence of neuritic leprosy in Burmese patients was 70 percent whereas in India it was 30% only" is incorrect. Though corneal involvement is common in lepromatous leprosy, this does not lead to a corneal ulcer (p. 58). Dacryocystitis occurring secondary to nasal involvement and nasolacrimal duct blockage is mentioned under lesions of the posterior segment of eye (p. 73). On the next page, it is stated that nasal smears continue to be positive even after the skin smears become negative. One of the indications for a bone X-ray mentioned is to assess the degree of activity of the disease (p. 78). Median nerve paralysis does not result in clawing of all fingers, as stated in p. 90. Isoprodian is not prothionamide alone (p. 112) but has isoniazid (INH) and dapsone in addition. Similarly, there are several problems in the questionnaire, for example, IMMLEP really stands for World Health Organization (WHO) Steering Committee on Immunology of Leprosy, and THELEP for WHO Steering Committee on Therapy of Leprosy (question 29 of the historical aspects of leprosy). The optimal temperature for *M. leprae* multiplication is 20°C and not 37°C, as stated (Microbiology, question 11). There are problems with answers to questions 35, 38, and 44 of Immunology; questions 3 and 9 of Pathology; and several in other sections as well. I am sure all this would be taken care of in the next edition of the book.

All in all, the book can be recommended for students of dermatology and leprosy, and should be available in departmental and college libraries, despite being expensive.

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